

# Division of Services for the Deaf and Harding of Hearing Utah Interpreter Program



## ***Interpreter Workshop Approval Application***

Submitted by \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

**Name of Workshop:** \_\_\_\_\_

**Date of Workshop:** \_\_\_\_\_

**Workshop time:** \_\_\_\_\_ **to** \_\_\_\_\_ **Workshop hours (CEHs requested)** \_\_\_\_\_

**Sponsored by:** \_\_\_\_\_ **Workshop cost: \$** \_\_\_\_\_

**Do you approve credit (CEHs) for partial attendance?** ☐ **YES** ☐ **NO** **If "yes," how many hours are required for partial credit?** \_\_\_\_\_

**Workshop description (brief):** \_\_\_\_\_

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**Presenters:** \_\_\_\_\_

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**Workshop location:** \_\_\_\_\_

**PLEASE NOTE: Attendance roster must be returned within 30 days following the workshop for participants to receive CEH credit.**

### ***DSDHH Use Only***

**Approved** \_\_\_\_\_

**Denied** \_\_\_\_\_

**CEHs** \_\_\_\_\_